

ANNUAL NATUROPATHIC PHYSICIANS MEDICAL LICENSE RENEWAL APPLICATION

The renewal form and payment must be received together. Incomplete or non-legible forms will not be processed. FEES are non-refundable. **YOU MAY RENEW ONLINE AT www.aznd.gov** 2016 LICENSE RENEWAL FEE: **\$165.00** A license must be renewed on or before January 1, 2016 LATE FEE **\$83.00** (REQUIRED IF APPLICATION IS POST MARKED AFTER January 1, 2015) **The late fee cannot be waived**

PHYSICIAN

NAME: _____
First Middle Last

LICENSE NO: _____ - _____ DATE OF INITIAL ISSUANCE ____/____/____

ADDRESS: Every physician must have an address available to the public. If only one address is provided, even if it is your home address, it will be available to the public. **Primary Office Address:** This is the office/principle place of business. **Secondary Location Address:** Any other location in which you conduct business/maintain a continued activity. **Home Address:** You are required to provide a home address and phone number. They will not be released to the public unless you fail to provide an office address. **Mailing Address:** Please provide a mailing address, this will be the location the renewed license(s) will be mailed. **Email Address:** This address is optional and will not be provided to the public, however in an effort to keep Board costs at a minimum and licensing fees from increasing, the Board will be emailing appropriate Board correspondence to our licensees.

EMAIL ADDRESS: _____

PRIMARY OFFICE ADDRESS: PRACTICE NAME: _____

OFFICE ADDRESS: _____
Ste. No. City State Zip

OFFICE PHONE: _____ FAX: _____

SECONDARY OFFICE LOCATION(S): PRACTICE NAME: _____

OFFICE ADDRESS: _____
Ste. No. City State Zip

OFFICE PHONE: _____ FAX: _____

If you have additional locations, use a separate piece of paper to list all information required.

HOME ADDRESS: _____
City State Zip

CELL PHONE: _____

MAILING ADDRESS: ☐ Primary Office Address ☐ Home Address ☐ Other - (provide Board with complete address)

Check One

(Other) _____

FAILURE TO COMPLETE THE REQUIRED CME MAY BE CONSIDERED UNPROFESSIONAL CONDUCT.

I understand the above statement ☐ Check Box to Confirm

ANSWER THE ONE QUESTION THAT BEST APPLIES TO YOUR RENEWAL.

- ☐ In accordance with A.A.C. R4-18-205 I have completed a minimum of 30 hours of CME during 2015, 10 hours of the 30 CME hours have been in pharmacology and at least 8 hours have been from an approved naturopathic organization.
- ☐ I graduated and my initial license was issued by the Board in 2015. I am not required to comply with the CME requirements until 2016. (This only applies to students who have recently graduate. Doctors who are newly licensed by endorsement from another state must comply with the CME requirements.)
- ☐ I am requesting retirement of my medical license in the State of Arizona to practice naturopathic medicine. I am not required to submit CME for renewal.

***Do not submit proof of CME unless you received notice you are subject to a CME audit.

ANSWER ALL OF THE FOLLOWING QUESTIONS

Since your last renewal:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Were you arrested, charged with, convicted of, or enter into a plea of no contest to any criminal act? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 2. Did any licensing agency or board [other than this board] initiate or take any action against any license or certificate that is or was held by you? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 3. In lieu of disciplinary action, did you enter into a consent agreement of stipulation with any agency? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 4. Were you named in any malpractice suit? | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| 5. Do you have a complaint pending before any agency? | <input type="checkbox"/> yes | <input type="checkbox"/> no |

NOTE: In the event that the response to any of the questions above is "yes", you must file with the renewal a detailed report concerning the matter.

1. **CITIZEN STATUS DECLARATION:** Are you a United States Citizen? ____ Yes ____ No **If yes, skip question 2.**

2. Are you a legal resident authorized to work in the United States ____ Yes ____ No If yes to 2. Provide the Board with proof of current legal resident status.

I ATTEST THAT ALL INFORMATION SUBMITTED ON AND WITH THIS RENEWAL APPLICATION IS TRUE.

Date (Required)

Signature (Required)

LICENSURE RENEWAL CHECK LIST

PLEASE BE AWARE: you must allow at least 30 days for processing of your renewal. **If you wait until the end of December to renew your license, it will not be processed until 2015.** Licensure renewals are processed in the order they are received. Incomplete or non-legible forms will NOT BE PROCESSED. Renewal forms and payment must be received together. **THE BOARD NO LONGER SENDS HARD COPIES VIA MAIL. YOU WILL RECEIVE THE LICENSE VIA EMAIL.**

DID YOU:

☐ Complete the renewal form, making sure all required information is provided. **Incomplete forms will not be processed.**

2016 License Renewal Fee \$165.00, If postmarked after January 1, 2016, you must include a LATE FEE OF \$83.00. (This fee cannot be waived, there are no exceptions.)

☐ Include all applicable fees.

Please Be Aware: IF THE LICENSE IS NOT RENEWED WITHIN 60 DAYS OF THE EXPIRATION DATE, YOUR LICENSE WILL AUTOMATICALLY EXPIRE. **IF YOU ARE BEING AUDITED FOR CME** you would have/ or will be notified by the Board, and will need to provide proof of CME for the LAST THREE YEARS, along with this renewal form.

ACCEPTABLE FORM OF PAYMENT: Personal check or money orders are the only forms of payment accepted with this form.

DO NOT SEND CASH OR PROVIDE A CREDIT CARD NUMBER. Make payment directly to: **The AZ. Naturopathic Medical Board**

THERE WILL BE A \$25.00 FEE FOR RETURNED CHECKS

Mailing Address: **1400 W. Washington, Ste. 230**

ONLINE RENEWAL IS ALSO AN OPTION www.aznd.gov

Phoenix, AZ 85007

Pursuant to A.R.S. § 41-1030 (B) An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

Pursuant to A.R.S. §41-1030 (D) This section may be enforced in a private civil action and relief may be awarded against the State. The Court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the State for violation of this section. Pursuant to A.R.S. §41-1030 (E) A State employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy. Pursuant to A.R.S. §41-1030 (F) This section does not abrogate the immunity provided by Section 12-820.01 OR 12-820.02.

Revised 7/2015

For Board Use Received	Emailed	Agenda
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